

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5205

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2067</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro Second Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>5425 Wabada</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Blume</u> c. (Last) <u>Leary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 14, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo. U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Bernard Blume</u>		13b. MOTHER'S MAIDEN NAME <u>Berakine Schmitz</u>	
14. NAME OF HUSBAND OR WIFE <u>James Leary</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Amelia Went</u>		ADDRESS <u>St. Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12 Feb, 1950</u> , to <u>12 Feb, 1950</u> , that I last saw the deceased alive on <u>12 Feb, 1950</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Nov. V. McKinstry D. M.D.</u>			23b. ADDRESS <u>Peoria, Mo.</u>		23c. DATE SIGNED <u>13 Feb 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 19 50</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Dulle Funeral Home</u>	
				ADDRESS <u>Jefferson City, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 1 1950

JUN 3 1950

H

DATE RECEIVED 2-20-50
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Percy F. Melster

Student Embalmer No. 346

working under my personal supervision.

Signed *Percy F. Melster*
Student Embalmer

Signed

Donald B. Dietrich

Licensed Embalmer No. 1704

P. O. Address *Delos Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.